Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
National Rifle Association of America Political Victory Fund	C C00053553		
	0 00000000		
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
Prolist Inc.	07 10 Y Y Y Y		
Mailing Address 8341 Beechcraft Avenue	Amount		
City State Zip Code	971.76		
Gaithersburg MD 20879-1509	Transaction ID: 60757873 Date of Disbursement or Obligation		
Purpose of Expenditure Data Match Category/ Type 004	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support Office	e Sought: X House District: 01		
Rep. Jack Kingston Oppose	President Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary General Other (specify) ► Runoff2014		
Full Name of Payee Connection Strategy, LLC	Date of Public Distribution/Dissemination		
Mailing Address P.O. Box 2192	07 10 2014 Amount		
City State Zip Code Arlington VA 22202	6233.48 Transaction ID : 60757876		
	Date of Disbursement or Obligation		
Purpose of Expenditure Phone Bank Category/ Type 004	M M / D D / Y Y Y Y		
Name of Federal Candidate Support Office	e Sought: X House District: 01		
Rep. Jack Kingston Oppose	President Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General Nother (specify) ► Runoff2014		
(a) CURTOTAL of Haminad Indonesiant Evaporditures	7005.04		
(a) SUBTOTAL of Itemized Independent Expenditures	7205.24		
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Buto	07 11 2014		
Signature			

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AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
National Rifle Association of America Political Victory Fund	C C00053553		
check if 24-hour report 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y		
	Date of Public Distribution/Dissemination		
Master Print, Inc.	07 11 2014		
Mailing Address P.O. Box 1467	Amount		
City State Zip Code	731.78		
	Transaction ID : 60757886 Date of Disbursement or Obligation		
Purpose of Expenditure Print 4 Color Flyers Category/ Type 004	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support Office 9	Sought: X House District: 03		
David Young	President Senate State: IA		
Calcificati to Bate	sement For: Primary X General		
Per Election for Office Sought 0.00 2014	Other (specify) ▶		
Full Name of Payee Master Print, Inc.	Date of Public Distribution/Dissemination		
Mailing Address P.O. Box 1467	07 11 2014 Amount		
City State Zip Code	81.31		
Newington VA 22122 T	ransaction ID : 60757887		
Purpose of Expenditure Print 4 Color Flyers Category/ Type 004	Date of Disbursement or Obligation		
Name of Federal Candidate Support Office	Sought: X House District:03		
	President Senate State: IA		
2014	sement For: Primary X General		
Per Election for Office Sought 0.00	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	813.09		
(b) SUBTOTAL of Unitemized Independent Expenditures	7		
(c) TOTAL Independent Expenditures	7 7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Rose Adkins [Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

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IAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		F	EC IDENTIFICATIO	N NUMBER ▼
			C C00053553	
check if 24-hour report 48-hour report New re	eport Amends repor	t filed on	M / D D /	Y = Y = Y = Y
Full Name of Payee		Date of	Public Distribution/I	Dissemination
Master Print, Inc.			M / D D /	2014
Mailing Address P.O. Box 1467		Amount		
City State	Zip Code			731.78
Newington VA	22122		ction ID : 60757888 Disbursement or O	bligation
Purpose of Expenditure Print 4 Color Flyers	Category/ Type 004			Y I Y I Y I Y
Name of Federal Candidate	X Support	Office Sought:	X House [District: 02
William Southerland II	Oppose	Presider		State: FL
Calendar Year-To-Date	0.00	Disbursement 2014	For: Primary	X General
Per Election for Office Sought			er (specify) -	
Full Name of Payee Master Print, Inc.		M	Public Distribution/	Y Y Y Y Y
Mailing Address P.O. Box 1467		Amoun	07 11 t	2014
City State	Zip Code			81.31
Newington VA	22122		tion ID : 60757927	
Purpose of Expenditure Print 4 Color Flyers	Category/ Type 004	Date of	Disbursement or C	bligation
Name of Federal Candidate	Support	Office Sought:	X House	District: 02
Gwen Graham	Oppose	Presider		State: FL
Calendar Year-To-Date	0.00	Disbursement 2014	For: Primary	X General
Per Election for Office Sought	0.00		ner (specify) 🕨	
(a) SUBTOTAL of Itemized Independent Expenditures		· [7 7	813.09
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7	
(c) TOTAL Independent Expenditures		•	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mary Rose Adkins [Electro	onically Filed] Date	M M / / 07	11 2014	
Signature				

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		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Rifle Association of America Political Vict	tory Fund	FEC IDENTIFICATION NUMBER ▼
	•	C C00053553
Check if 24-hour report 48-hour report New report	t Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination
		07 11 2014
Mailing Address P.O. Box 1467		Amount
City State 2	Zip Code	731.78
	22122	Transaction ID : 60757930 Date of Disbursement or Obligation
Purpose of Expenditure Print 4 Color Flyers	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: X House District: 14
David Joyce		President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	0.00 Disburs 2014	sement For: Primary General
		Other (specify)
Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination
Mailing Address P.O. Box 1467		07 11 2014 Amount
	Zip Code 22122 T	81.31 (ransaction ID : 60757931
Purpose of Expenditure		Date of Disbursement or Obligation
Print 4 Color Flyers	Category/ Type 004	M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate	Support Office	Sought: X House District: 14
Michael Wager	∑ Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	0.00 Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	813.09
(b) SUBTOTAL of Unitemized Independent Expenditures		1171171171
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Mary Rose Adkins [Electronic	ally Filed] Date 07	M / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	- Date of	

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NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼	
National Rifle Association of America Political Vic	C C00053553		
Check if X 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee		Date of Public Distribution/Dissemination	
Master Print, Inc.		07 11 2014	
Mailing Address P.O. Box 1467		Amount	
City State	Zip Code	203.27	
	22122	Transaction ID: 60757933 Date of Disbursement or Obligation	
Purpose of Expenditure Print 4 Color Flyers	Category/ Type 004	M M / D D / Y Y Y Y Y	
Name of Federal Candidate	Support Of	fice Sought: X House District: 01	
Rep. Jack Kingston	Oppose	President Senate State: GA	
Calendar Year-To-Date	0.00 Dis	sbursement For: Primary General	
Per Election for Office Sought	20	Other (specify) Runoff2014	
Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City State	Zip Code		
		Date of Disbursement or Obligation	
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate	Support Of	ffice Sought: House District:	
	Oppose	President Senate State:	
Calendar Year-To-Date	Di	sbursement For: Primary General	
Per Election for Office Sought		Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	203.27	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····		
(c) TOTAL Independent Expenditures		9847.78	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	cally Filed] Date	07	
Signature			

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